



REC 15-378

Knollwood Energy of MA LLC
P.O. Box 30
Chester, New Jersey 07930

September 1, 2015

NHPUC 11SEP15PM2:57

Debra A. Howland
Executive Director
New Hampshire Public Utilities Commission
21 South Fruit Street, Suite 10
Concord, NH 03301-2429

Dear Ms Howland,

Enclosed please find the application for the Saul Davidson system to be part of the Knollwood Energy of MA LLC (NH-II-13-089) Class II Photovoltaic aggregation for New Hampshire Renewable Energy Certificates (RECs) generated from customer-sited sources, pursuant to New Hampshire Code of Administrative Rules Puc 2506 (including new requirements 2506.01 and PUC 2506.02)

Customer and Facility Information

Saul Davidson
26 Spring Brook Drive
Milton NH 03851
603-303-5138
saul@casdav.com

The Nepool GIS ID # for this facility is: NON53761. Also enclosed are the Simplified Process Interconnection Application and Service Agreement, and the Certificate of Completion. An electronic version has been sent to executive.director@puc.nh.gov.

Please do not hesitate to contact me if you have any questions regarding this application.

Thank you for your consideration,

Linda Modica
New England REC Operations Manager
Knollwood Energy of MA LLC
973.879.7826
linda@knollwoodenergy.com

Enclosures (3)



State of New Hampshire Public Utilities Commission

21 S. Fruit Street, Suite 10, Concord, NH 03301-2429



DRAFT APPLICATION FORM FOR RENEWABLE ENERGY CERTIFICATE (REC) ELIGIBILITY FOR CLASS I AND CLASS II SOURCES WITH A CAPACITY OF 100 KILOWATTS OR LESS

Pursuant to New Hampshire Administrative Code [Puc 2500](#) Rules including Puc 2505.08, Certification of Certain Customer-Sited Sources

- Please submit one (1) original and two (2) paper copies of the completed application and cover letter* to:
Debra A. Howland, Executive Director, New Hampshire Public Utilities Commission
21 South Fruit Street, Suite 10, Concord, NH 03301-2429
- Send an electronic version of the completed application and the cover letter electronically to executive.director@puc.nh.gov.
- The cover letter must include complete contact information and identify the renewable energy class for which the applicant seeks eligibility. Pursuant to Puc 2505.01, the Commission is required to render a decision on an application within 45 days of receiving a completed application.

If you have any questions please contact Barbara Bernstein at (603) 271-6011 or Barbara.Bernstein@puc.nh.gov.

- Photovoltaic (PV) solar facilities are Class II resources. Contact Barbara.Bernstein@puc.nh.gov for assistance.

Eligibility Requested for: Class I ☐ Class II ☒ Check here ☒ if this facility part of an aggregation.

If the facility is part of an aggregation, please list the aggregator's name. Knollwood Energy of MA

- Provide the following information for the owner of the PV system.

Applicant Name Saul Davidson Email saoul@casdav.com

Address 26 Spring Brook Drive City Milton State NH Zip 03851

Telephone 603-303-5138 Cell _____

- For business applicants, provide the facility name and contact information (if different than applicant contact information).

Facility Name _____ Primary Contact _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Cell _____

Email address: _____

- Provide a complete list of the equipment used at the facility, including the revenue grade REC meter, and, if applicable, the inverter. Your facility will not qualify for RECs without a REC meter.

| equipment | quantity | Type | equipment | quantity | Type |
|-----------|----------|----------------------|-----------|----------|------|
| PV panels | 23 | ReneSolaJC255M-24/Bb | other | | |
| Inverter | 1 | SolarEdgeSE5000 | other | | |
| meter | 1 | 74915372 | other | | |

- A copy of the interconnection agreement and the approval to operate your PV system from your electric utility must be included with your application.
- For PSNH customers, both the *Simplified Process Interconnection Application* and *Exhibit B - Certificate of Completion* are required.

What is the nameplate capacity of your facility (found on your interconnection agreement)? 5.0 AC

What was the initial date of operation (the date your utility approved the facility)? 6/30/15

- Provide the name, license number and contact information of the installer, or indicate that the equipment was installed directly by the customer.

Installer
 Name ReVision Energy Contact Heather Fournier License # (if applicable) 13139M
 Address 7A Commercial Dr City Brentwood State: H Zip 03833
 Telephone 603-679-1777 email heather@revisionenergy.com

If the equipment was installed directly by the customer, please check here: ☐

- Provide the name and contact information of the equipment vendor.

☐ X Check here if the installer provided the equipment and proceed to the next question.

Business Name _____ Contact _____
 Address _____ City _____ State _____ Zip _____
 Telephone _____ email _____

- If an independent electrician was used, please provide the following information.

Electrician's Name same as installer License # _____

Business Name _____ Email _____

Address _____ City _____ State _____ Zip _____

- **Provide the name of the independent monitor for this facility.** (A [list](http://www.puc.nh.gov/Sustainable%20Energy/Renewable_Energy_Source_Eligibility.htm) of approved independent monitors is available at http://www.puc.nh.gov/Sustainable%20Energy/Renewable_Energy_Source_Eligibility.htm.)

Independent Monitor's Name Paul Button Energy Audits Unlimited

Is the facility certified under another state's renewable portfolio standard? yes ☐ no ☒

If "yes", then provide proof of the certification as **Attachment C**.

- *Please note, if your facility is part of an aggregation, your aggregator should provide you with the following information.*
- *In order to qualify your facility's electrical production for Renewable Energy Certificates (RECs), you must register with the NEPOOL – GIS. Contact information for the GIS administrator follows:*

James Webb
Registry Administrator, APX Environmental Markets
224 Airport Parkway, Suite 600, San Jose, CA 95110
Office: 408.517.2174 jwebb@apx.com

If you are not part of an aggregation, Mr. Webb will assist you in obtaining a GIS facility code.

GIS Facility Code # NON53761 Asset ID # NON53761

- **Complete an affidavit by the applicant or qualified installer that the project is installed and operating in conformance with any applicable state/local building codes.** Use either the following affidavit form or provide a separate document.
- **The Commission requires a notarized affidavit as part of the application.**

AFFIDAVIT

The Undersigned applicant declares under penalty of perjury that the project is installed and operating in conformance with all applicable building codes. (please see attached)

Applicant's Signature _____ Date _____

Applicant's Printed Name Linda Modica

Subscribed and sworn before me this _____ Day of _____ (month) in the year _____

County of _____ State of _____

Notary Public/Justice of the Peace

- Complete an affidavit by the applicant or qualified installer that the project is installed and operating in conformance with any applicable state/local building codes. Use either the following affidavit form or provide a separate document.
- The Commission requires a notarized affidavit as part of the application.

AFFIDAVIT

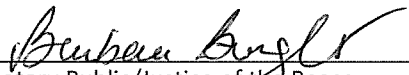
The Undersigned applicant declares under penalty of perjury that the project is installed and operating in conformance with all applicable building codes.

Applicant's Signature  Date 9/9/15

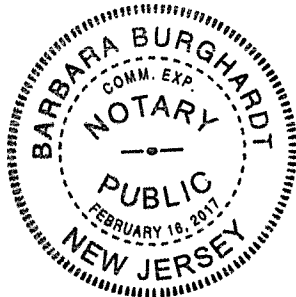
Applicant's Printed Name Linda Modica

Subscribed and sworn before me this 9 Day of September (month) in the year 2015

County of Morris State of New Jersey


Notary Public/Justice of the Peace

My Commission Expires 2/16/17



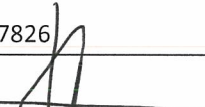
My Commission Expires _____

- **Complete the following checklist. If you have questions, contact barbara.bernstein@puc.nh.gov.**

| CHECK LIST: The following has been included to complete the application: | YES |
|---|------------|
| • All contact information has been provided. | X |
| • A copy of the interconnection agreement. PSNH Customers should include both <i>the Interconnection Standards for Inverters Sized up to 100 KVA</i> and <i>Exhibit B – Certification of Completion for Simplified Process Interconnection</i> . | x |
| • Documentation of the distribution utility's approval of the installation.* | x |
| • If the facility is participating in another state's renewable portfolio standard (RPS) program, documentation of certification in other state's RPS. | |
| • A signed and notarized attestation. | x |
| • A GIS number obtained from the GIS Administrator. | x |
| • The document has been printed and notarized. | x |
| • The original and 2 copies are included in the packet mailed to Debra Howland, Executive Director of the PUC. | x |
| • An electronic version of the completed application has been sent to executive.director@puc.nh.gov . | x |
| *Usually included in the interconnection agreement. | |

- **If the application has been prepared by someone other than the applicant, complete the following. If the application was prepared by the applicant, check here ☐ and skip this section.**

PREPARER'S INFORMATION

Preparer's Name Linda Modica Email address: linda@knollwoodenergy.com
Address PO Box 30 City Chester State NJ Zip 07930
Telephone 973.879.7826 Cell _____
Preparer's Signature: 

EVERSOURCE
INTERCONNECTION STANDARDS FOR INVERTERS
SIZED UP TO 100 KVA
Simplified Process Interconnection Application and Service Agreement

RECEIVED
APR 06 2015
SESD

Eversource Application Project ID#: N/ 3371

Contact Information:

Legal Name and Address of Interconnecting Customer (or, Company name, if appropriate)

Customer or Company Name (print): Saul Davidson ✓

Contact Person, if Company: _____

Mailing Address: 26 Springbrook Drive

City: Milton State: NH Zip Code: 03851

Telephone (Daytime): 603-303-5138 (Evening): _____

Facsimile Number: _____ E-Mail Address: amlax74@gmail.com

Alternative Contact Information (e.g., System installation contractor or coordinating company, if appropriate):

Name: ReVision Energy, LLC

Mailing Address: 7 Commercial Drive

City: Brentwood State: NH Zip Code: 03833

Telephone (Daytime): 603-679-1777 (Evening): _____

Facsimile Number: _____ E-Mail Address: sbogue@revisionenergy.com

Electrical Contractor Contact Information (if appropriate):

Name: Same as Alternative Contact

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Daytime): _____ (Evening): _____

Facsimile Number: _____ E-Mail Address: _____

Facility Site Information:

Facility (Site) Address: Same as above

City: _____ State: NH Zip Code: _____

Electric

Service Company: Eversource Account Number: 56182316083 ✓ Meter Number: S87924326 ✓

Account and Meter Number: Please consult an actual Eversource electric bill and enter the correct Account Number and Meter Number on this application. If the facility is to be installed in a new location, please provide the Eversource Work Request number.

Eversource Work Request # _____

Non-Default' Service Customers Only:

Competitive Electric

Energy Supply Company: _____ Account Number: _____

(Customer's with a Competitive Energy Supply Company should verify the Terms & Conditions of their contract with their Energy Supply Company.)

EVERSOURCE
INTERCONNECTION STANDARDS FOR INVERTERS
SIZED UP TO 100 KVA
Simplified Process Interconnection Application and Service Agreement

Facility Machine Information:

Generator/ Inverter Manufacturer: Solar Edge ✓ Model Name & Number: SE5000A-US ✓ Quantity: 1 ✓
Nameplate Rating: 5.0 ✓ (kW) (kVA) 240 (AC Volts) Phase: Single ☒ Three ☐

Nameplate Rating: The AC Nameplate rating of the individual inverter.

System Design Capacity: 5.45 ✓ (kW) (kVA) Battery Backup: Yes ☐ No ☒

System Design Capacity: The system total of the inverter AC ratings. If there are multiple inverters installed in the system, this is the sum of the AC nameplate ratings of all inverters.

✓ Net Metering: If Renewably Fueled, will the account be Net Metered? Yes ☒ No ☐

Prime Mover: Photovoltaic ☒ Reciprocating Engine ☐ Fuel Cell ☐ Turbine ☐ Other _____

✓ Energy Source: Solar ☒ Wind ☐ Hydro ☐ Diesel ☐ Natural Gas ☐ Fuel Oil ☐ Other _____

Inverter-based Generating Facilities:

UL 1741 / IEEE 1547.1 Compliant (Refer To Part Puc 906 Compliance Path For Inverter Units, Part Puc 906.01 Inverter Requirements)

✓ Yes ☒ No ☐

The standard UL 1741.1 dated May, 2007 or later, "Inverters, Converters, and Controllers for Use With Independent Power Systems," addresses the electrical interconnection design of various forms of generating equipment. Many manufacturers choose to submit their equipment to a Nationally Recognized Testing Laboratory (NRTL) that verifies compliance with UL 1741.1. This term "Listed" is then marked on the equipment and supporting documentation. *Please include, any documentation provided by the inverter manufacturer describing the inverter's UL 1741/IEEE 1547.1 listing.*

External Manual Disconnect Switch:

An External Manual Disconnect Switch shall be installed in accordance with 'Part Puc 905 Technical Requirements For Interconnections For Facilities, Puc 905.01 Requirements For Disconnect Switches and 905.02 Disconnect Switch.'

✓ Yes ☐ No ☒

Location of External Manual Disconnect Switch: N/A

Project Estimated Install Date: June 2015

Project Estimated In-Service Date: July 2015

Interconnecting Customer Signature:

I hereby certify that, to the best of my knowledge, all of the information provided in this application is true and I agree to the **Terms and Conditions for Simplified Process Interconnections** attached hereto:

Customer Signature: Saul Davidson Title: Homeowner Date: Mar 9, 2015

Please include a one-line and/or three-line diagram of proposed installation. Diagram must indicate the generator connection point in relation to the customer service panel and the Eversource meter socket. Applications without such a diagram may be returned.

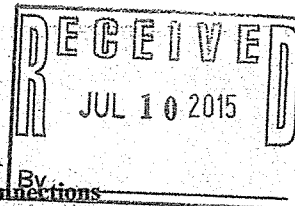
For Eversource Use Only

Approval to Install Facility:

Installation of the Facility is approved contingent upon the Terms and Conditions For Simplified Process Interconnections of this Agreement, and agreement to any system modifications, if required.

Are system modifications required? Yes ☐ No ☒ To be Determined ☐

Company Signature: Michael Motta Title: Sr. Engineer Date: 4-6-15



Eversource
Interconnection Standards For Inverters Sized Up To 100 kVA
Exhibit B - Certificate of Completion for Simplified Process Interconnections

Installation Information:

☐ Check if owner-installed

Customer or Company Name (print): Saul Davidson

Contact Person, if Company: _____

Mailing Address: 26 Spring Brook Drive

City: Milton State: NH Zip Code: 03851

Telephone (Daytime): 603-303-5138

(Evening): _____

Facsimile Number: _____ E-Mail Address: saul@casdav.com

Facility Information:

Address of Facility (if different from above): _____

City: _____ State: _____ Zip Code: _____

Electrical Contractor Contact Information:

Electrical Contractor's Name (if appropriate): ReVision Energy, LLC

Mailing Address: 7 Commercial Drive

City: Brentwood State: NH Zip Code: 03833

Telephone (Daytime): 603-679-1777

(Evening): _____

Facsimile Number: _____ E-Mail Address: wconk@revisionenergy.com

License number: 13139M

Date of approval to install Facility granted by the Company: 4/6/15

Eversource Application ID number: #N3371

Inspection:

The system has been installed and inspected in compliance with the local Building/Electrical Code of:

City: Milton County: STAFFORD

Signed (Local Electrical Wiring Inspector, or attach signed electrical inspection):

Signature: Brian Byers

Name (printed): Brian Byers

Date: 6/30/15

Customer Certification:

I hereby certify that, to the best of my knowledge, all information contained in this Exhibit B - Certification of Completion is true and correct. This system has been installed and shall be operated in compliance with applicable standards. Also, the initial start-up test required by Puc. 905.04 has been successfully completed.

Customer Signature: [Signature]

As a condition of interconnection you are required to send/fax a copy of this form to:

Eversource
Distributed Generation
780 North Commercial Street
P. O. Box 330, Manchester, NH 03105-0330
Fax No.: (603) 634-2924